PTO/SB/06 (08-03).

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application for Docket Number										nber 3
CLAIMS AS FILED PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		R EXTRA	RATE	FEE		RATE	FEE
BASIC							: _	OR		<u>. </u>
TOTA	L CLAIMS FR 1.16(c))	20	22 minus 20 =		1. 8			OR	x \$ <u>/8</u> -	144.00
INDEPENDENT CLAIMS (37 CFR 1.15(b))		5 2	2 minus 3 = ·			x *		OR	× = 36 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))					+5=		OR	+\$=		
				r "O" in column 2	TOTAL		OR	TOTAL		
"If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II										
2//3/0/0 (Column 1)				(Column 2) (Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	7900	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total (37 CFR 1.16(c))	AMEROMES	Minus	11 11	1/ //	x \$=		OR	x s=	
밁	Independent (37 CFR 1.16(b))	. /	Minu			x \$=		OR	x 5	
¥		ATION OF MULTIPLE	DEPENDEN	IT CLAIM (37 CF	R 1.16(d))	+5=	,	OR	+5/_=	
						TOTAL ADD'L FEE		OR	ADO'L FEE	
		(Column 1)		(Calumn 2)	(Column 3)			-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT/		HIGHEST NUMBER PREVIOUSLY PAID FOR)	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.10(c))	28	Minus	28	•	× \$=		OR	x s=	
	Independent (37 CFR 1.16(b))	· 4	Minus	- 3	=	x s=		OR	x \$=	200-0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))					+5 =		OR	+3	
FROI PRESENTATION OF MANAGEMENT AND ADMINISTRATION OF THE PRESENTATION OF THE PRESENTATION OF THE PRESENTATION OF THE PRESENT AND ADMINISTRATION OF THE PRESENTATION O						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	200.0
		(Column 1)		(Column 2)	(Column 3)			_		
NDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	••	•	x s=		OR	x \$=	
18	independent (37 CFR 1.16(b))	· -	Minus	***	•	x s=		OR	x \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+:		OR	+ 5=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

"If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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